PTOSSIGE (12-04)
Approved for use through 7/31/2005, Oilel 0651-0/332
U.S. Petent and Tradement Office; U.S. DEPARTMENT OF COMMERCE

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									101081234		
APPLICATION AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY			OTHER THAN SMALL ENTITY	
	POR	NUM	NUMBER FILED		NUMBER EXTRA		TE(S)	FEE (\$)		RATE (1)	FEE (\$)
胀	SIC FEE CFR 1.16(a), (b), or	(cf)	. NA .		N/A .		NA]	NA	
SE	ARCH FEE		ΝÅ		N/A		N/A		}	N/A	
EX	CFR 1.16(k), (i), or (ALMENATION FEE CFR 1.16(o), (p), or		N/A		N/A		NVA			N/A	
	TAL CLAIMS CFR 1.16(1)		minus 20 •		•		,		OR	x =	
INC	EPENDENT CLA	IMS .	minus 3		911	×	,			х =	
API FEI	PLICATION SIZE	sheets of ls \$250 (If the specification and drawings sheets of paper, the application s is \$250 (\$125 for small entity) for additional 50 sheets or fraction the 35 U.S.C. 41(a)(1)(G) and 37 CF								
MULTIPLE DEPENDENT CLAIM PRESENT (37 OFR 1.16()))							NA			N/A	
* #	* If the difference in column 1 is less than zero, enter "0" in column 2.						TAL			TATAL	L
	APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMALL	ENTITY	OR I	OTHER SMALL	
ENDMENT A	3-6-07	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	TE (\$)	ADOI TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
	Total profit (14(1))	12	Minus	37	· Q	x	•		OR	x 50 =	
	Independent (SI CFR 1.16(h))	. 3	Minus	- 7	· 0	x	=		OR	x 200 E	
ME	Application Stre Fee (37 CFR 1.16(6))						· ·				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(1))							WA .		OR	N/A	
	,					FOT CCA	L FEE	<u> </u>	OR	TOTAL ADO'L FEE	Ĺ
		(Column 1)		(Column 2)	(Column 3)				ı		· · · · · · · · · · · · · · · · · · ·
AMENDMENT B		CLAIMS REMANING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	TE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADOI- THONAL FEE (S)
	Total Ox CPR 1.16())	•	Minus	-	*	x	£	·	OR	x •	
	Independent (37 O'R Listy)	•	Minus	***	2	x			OR	X c	
	Application Size Fee (37 CFR 1.16(s))										
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(1))						WA.		OR	N/A	
							L FEE		OR	ADO'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the Trighest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".											

"If the T-tighest Number Previously Paid For IN THIS SPACE is less than 3, enter "20".

"If the T-tighest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".

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